

**PART
THREE**

Conclusion

SUMMARY OF ACHIEVEMENTS

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The Women's Health Program in Victoria has established itself as an innovative and integrated statewide program in just over five years. The groundwork has been done for a group of interconnected services working to address the health needs of women on a number of levels: with individual women and other direct care services and through contributing to the training of health professionals. This has involved making links with many different agencies and individuals to ensure maximum responsiveness and efficient allocation of resources. Co-operation within the program has enabled Women's Health Services to share information and avoid duplication. The achievements of the Women's Health Program at this time include:

- the development of new models for the training of health professionals;
- co-operative working relationships with mainstream services such as hospitals;
- documentation of new models of health care delivery in areas such as birthing practices and cancer screening campaigns;
- improved access to mainstream health services for women who often experience discrimination, such as women with disabilities and NESB women;
- monitoring the full range of research that is relevant to women's health in order to influence research practice, link research and policy issues and undertake specific research projects where appropriate;
- participation in the development of policy concerning women's health;
- development and provision of health information, including strategies to address gaps in existing resources and methods of distribution;
- the involvement of huge numbers of women with diverse backgrounds and experiences in the networks and management of Women's Health Services.

Victoria is both unique and prominent in the Australia-wide National Women's Health Program because of the 'dual strategy' approach to improving the health status of women. While attending to the health needs of individual women directly, the Services in Victoria also work to improve the responsiveness of other health care agencies to the needs of women. This involves working in partnership with mainstream health services such as hospitals, community health centres, medical research centres and general practitioners. The overall goal is to ensure that consideration of the special needs of women is integral to all aspects of the health care system. During planning for the delivery of health services, programs are generally categorised within either population groups, such as aged care, youth health, family and children's services and ethnic health, or by health areas, such as primary care, acute care and public health. All these areas or groupings affect large groups of women as clients and, rather than women's health being seen as a subgroup or separate category, the aim is to have them all delivered with sensitivity and responsiveness to women.

This approach will lead to improvements in the health system for all women in the longer-term and has the support of significant numbers of women and groups in Victoria. Gaining universal acceptance of the need for change in the mainstream requires time and the role of Women's Health Services in bringing this

about has not always been understood immediately. Increasingly, the Women's Health Program's unique role in informing changes in health practice is being recognised by mainstream services. The growing demand for training for health practitioners within hospital settings is one example. In the recent evaluation of the National Women's Health Program, the Victorian model has received acclaim as a highly innovative and successful strategy.

The 'dual strategy' approach evolved in the light of a particular context in Victoria, in which a decision was made to set up Women's Health Services on a regional basis with a resource base which was entirely inadequate to meet the demand for direct clinical services. The social model of health, which forms the basis of the work of Women's Health Services, also requires looking beyond direct clinical services to address health promotion and women's health concerns at broader levels.

The validity of the dual strategy approach has been shown in these times of economic restraint. However, there remains a significant demand from women in the community for access to women health practitioners which, due to funding constraints, cannot currently be provided by Women's Health Services. This represents a major challenge to the structure of the training of health professionals in the future. In the current Victorian review of the delivery of primary care services it is timely to consider again this strong need for locally based women's direct care health services.

The work of the Women's Health Services is based on local knowledge and contacts. As more work is done by the Services more and more issues come to light which were previously unrecognised by the health care system. These range from greater knowledge of current unmet needs of women (such as the increased focus in the area of eating behaviours and body image, since the inception of regional Women's Health Services), to the recent acknowledgement within migrant services that 'settlement' can no longer be seen as unrelated to health. Women's Health Services have worked hard to raise awareness of the extent to which settlement, with its accompanying social dislocation and cultural isolation, is a women's health issue.

The services are doing innovative work in modelling new, efficient and effective ways of addressing those issues. Local knowledge gained in this way is used as the basis for work at the regional, state and national levels to improve policies and practices relating to women's health. This includes the ongoing monitoring

and evaluation of the priority issues and action strategies adopted within the National Women's Health Program in 1989 to ensure their continued relevance.

As part of statewide planning, the Women's Health Program has initiated several projects with a statewide focus designed to increase the general knowledge and skills within Services. These currently include the Evaluation Framework project (to develop a framework to monitor and evaluate service delivery) and the Statistics project (to design a system specific to the purposes of Women's Health Services and Centres Against Sexual Assault). There are also statewide projects focused on specific groups of women (women as carers and older women) in order to trial innovative methods of working and to ensure that the special needs of rural women and NESB women are also considered. The collaborative approach has the benefits of utilising skills held by workers in a number of Services and making this knowledge generally available. The outcomes of these projects will include work addressing the needs of women in a specific location as well as information packages and training modules with more general application.

The Women's Health Services in Victoria will continue to:

- build on what has been learnt already;
- work for improvement in the health status of women;
- maintain their commitment to making the health needs of women more visible;
- devise strategies for meeting them better;
- use the wealth of information gained at the local level to effect change at higher and higher levels. This will involve continuing co-operation with other health care workers and services and increased input into the training of health professionals.

The goals outlined under the policy are very broad and the task of meeting them is enormous. It is still early in the process but now that the Women's Health Services have completed the first stage of establishing an identity, they are well positioned to consolidate their work, and make greater inroads within the mainstream. Given the impressive achievements to date, as outlined in this report, Women's Health Services can look forward with confidence to the challenges of the future.